



PTO/SB/21 (05-03)

Approved for use through 04/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/016,969
		Filing Date	December 14, 2001
		First Named Inventor	Richard A. Pittner et al.
		Art Unit	1646
		Examiner Name	R. Li
Total Number of Pages in This Submission		Attorney Docket Number	0401-UTL-0/18528.010

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SEP 3 2003

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  <b>RCE</b> <b>FORM PTO-1449</b> <b>References</b> <b>Postcard</b>
<div style="border: 1px solid black; padding: 5px; width: 100%;">Remarks</div>		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Amylin Pharmaceuticals, Inc. Mi K. Kim, Reg. No. 44,830		
Signature			
Date	September 22, 2003		

### CERTIFICATE OF MAILING

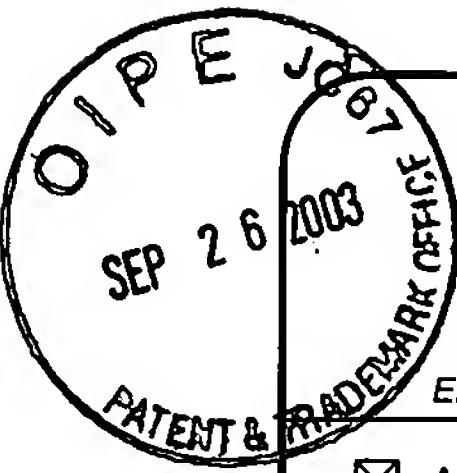
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Mi K. Kim		
Signature		Date	9/22/03

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# FEE TRANSMITTAL for FY 2003

Effective 01/01/2003. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

1230

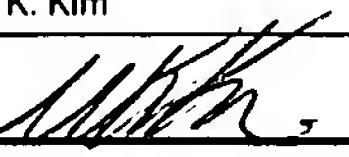
Complete if Known	
Application Number	10/016,969
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METHOD OF PAYMENT (check all that apply)					FEE CALCULATION (continued)																																																																																																																						
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 01-0535 Deposit Account Name: Amylin Pharmaceuticals, Inc.					<b>3. ADDITIONAL FEES</b> <b>TECH CENTER 1000/2000</b> <table border="1"> <thead> <tr> <th>Large Entity</th> <th>Small Entity</th> </tr> </thead> <tbody> <tr><td>Fee Code 1051</td><td>Fee Code 2051</td></tr> <tr><td>130</td><td>65</td></tr> <tr><td>1052</td><td>2052</td></tr> <tr><td>50</td><td>25</td></tr> <tr><td>1053</td><td>1053</td></tr> <tr><td>130</td><td>130</td></tr> <tr><td>1812</td><td>1812</td></tr> <tr><td>2,520</td><td>2,520</td></tr> <tr><td>1804</td><td>1804</td></tr> <tr><td>920*</td><td>920*</td></tr> <tr><td>1805</td><td>1805</td></tr> <tr><td>1,840*</td><td>1,840*</td></tr> <tr><td>1251</td><td>2251</td></tr> <tr><td>110</td><td>55</td></tr> <tr><td>1252</td><td>2252</td></tr> <tr><td>410</td><td>205</td></tr> <tr><td>1253</td><td>2253</td></tr> <tr><td>930</td><td>465</td></tr> <tr><td>1254</td><td>2254</td></tr> <tr><td>1,450</td><td>725</td></tr> <tr><td>1255</td><td>2255</td></tr> <tr><td>1,970</td><td>985</td></tr> <tr><td>1401</td><td>2401</td></tr> <tr><td>320</td><td>160</td></tr> <tr><td>1402</td><td>2402</td></tr> <tr><td>320</td><td>160</td></tr> <tr><td>1403</td><td>2403</td></tr> <tr><td>280</td><td>140</td></tr> <tr><td>1451</td><td>1451</td></tr> <tr><td>1,510</td><td>1,510</td></tr> <tr><td>1452</td><td>2452</td></tr> <tr><td>110</td><td>55</td></tr> <tr><td>1453</td><td>2453</td></tr> <tr><td>1,300</td><td>650</td></tr> <tr><td>1501</td><td>2501</td></tr> <tr><td>1,300</td><td>650</td></tr> <tr><td>1502</td><td>2502</td></tr> <tr><td>470</td><td>235</td></tr> <tr><td>1503</td><td>2503</td></tr> <tr><td>630</td><td>315</td></tr> <tr><td>1460</td><td>1460</td></tr> <tr><td>130</td><td>130</td></tr> <tr><td>1807</td><td>1807</td></tr> <tr><td>50</td><td>50</td></tr> <tr><td>1806</td><td>1806</td></tr> <tr><td>180</td><td>180</td></tr> <tr><td>8021</td><td>8021</td></tr> <tr><td>40</td><td>40</td></tr> <tr><td>1809</td><td>2809</td></tr> <tr><td>750</td><td>375</td></tr> <tr><td>1810</td><td>2810</td></tr> <tr><td>750</td><td>375</td></tr> <tr><td>1801</td><td>2801</td></tr> <tr><td>750</td><td>375</td></tr> <tr><td>1802</td><td>1802</td></tr> <tr><td>900</td><td>900</td></tr> </tbody> </table>					Large Entity	Small Entity	Fee Code 1051	Fee Code 2051	130	65	1052	2052	50	25	1053	1053	130	130	1812	1812	2,520	2,520	1804	1804	920*	920*	1805	1805	1,840*	1,840*	1251	2251	110	55	1252	2252	410	205	1253	2253	930	465	1254	2254	1,450	725	1255	2255	1,970	985	1401	2401	320	160	1402	2402	320	160	1403	2403	280	140	1451	1451	1,510	1,510	1452	2452	110	55	1453	2453	1,300	650	1501	2501	1,300	650	1502	2502	470	235	1503	2503	630	315	1460	1460	130	130	1807	1807	50	50	1806	1806	180	180	8021	8021	40	40	1809	2809	750	375	1810	2810	750	375	1801	2801	750	375	1802	1802	900	900
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2. EXTRA CLAIM FEES																																																																																																																											
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1204	84	2204	42	** Reissue independent claims over original patent																																																																																																																							
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\*\*or number previously paid, if greater; For Reissues, see above

SUBMITTED BY						Complete (if applicable)
Name (Print/Type)	Mi K. Kim	Registration No. Attorney/Agent)	44,830	Telephone	858-458-8494	
Signature				Date	9/22/03	

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